**FILED** 

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90243 045 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M61983**

C & T CONSTRUCTION, INC.

Principal Place of Business Mailing Address							1 ABRICAN III SIIST III SIISTI III SIITTI III SIITU III SIITU III SIII S		
10744 NW 8 CT P O BOX 934069						ſ			•
SUITE 103 MARGATE FL 33093							DO NOT WRITE IN THI	e edace	
CORAL SPRINGS FL 33071 US							3. Date Incorporated or Qualifed	3 SFACE	
US						1	11/02/1987		
		2a. Mailing Address	<del></del> ,				4. FEI Number		applied For
├ <del></del> -┐	lace of Business	<u> </u>				'	65-0035084	<u> </u>	lot Applicable
21	4 -1-	Suite, Apt. #, etc.			<del>  </del>	_		Additional	
Suite, Apt.	#, etc.	27			- 1	5. Certifcate of Status Desired		Required	
City & State	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	May Be	
	5	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry			8. This corporation owes the current year I	ntangible	
<b>⊢</b> , '	25	·	30	,			Personal Property Tax.	☐Yes	<b>V</b> AN0
24	9. Name and Address of Curren		30	Г		1	10. Name and Address of New Registere	d Agent	
	S. Harrie and Address of Garren	· ····································		81	Name				
THO	MPSON, CHARLES F., III			Щ					<del></del>
10744 NW 8 CT				82	Street	Address	(P.O. Box Number is Not Acceptable)		1
SUITE 103				83					
	AL SPRINGS FL 33071								
		,		84	City		F	<b>■ 85</b> Zip	Code
		0 CO7 1EO9 Elorida Statute	oc the a	hove	-named	Comoral	tion submits this statement for the purpose of	of changing it	ts registered
f office or r	egistered agent or both in the State (	of Florida. Such change was at	utnorized	ועסנם	(пе сого	oration's	board of directors. I hereby accept the app	ointment as r	registered
agent. 1 a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Stat	utes.					1
SIGNATURE			Da eletera e	1 0	aimat		en reinstating) DATE		
40	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Ageni	signature i	19datea wik	ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	ORS IN 12
TITLE	PD	□ DELETE	1.1 TI	TLE		$\Gamma$		Change	
	THOMPSON, CHARLES F.,III		1.2 NAME						
NAME	10744 NW 8 CT		1.3 STREE		ADDRESS	.]			
STREET ADDRESS	CORAL SPRINGS FL 33071		1						
CITY-ST-ZIP	CORAL SPRINGS PL 3307 I	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		<del> </del>		☐ Change	e	
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NAME					*************	j			1
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NAME.			6.2 N	AME					į
STREET ADDRESS			6.3 S	TREET	ADDRESS	s j			j

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP